





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | EXPRESS MAIL MAILING LABEL NO. <u>EL 792470280 US</u> DATE OF DEPOSIT: <u>DECEMBER 31, 2001</u> | | | | | | |
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| | I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231. JANET SULLIVAN (SENDER'S PRINTED NAME) | | | | | | |
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| | Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231 | | | | | | |
| | Enclosed for filing is a patent application under 37 CFR 1.53(b) of: | | | | | | |
| | Inventors: James M. Dodd and Narendra S. Khandekar For: MEMORY BUS TERMINATION WITH MEMORY UNIT HAVING TERMINATION CONTROL | | | | | | |
| | This application is a continuation, divisional, continuation-in-part of prior application Serial No, filed | | | | | | |
| This application claims priority from U.S. Provisional Application Serial No, filed | | | | | | | |
| Prior application info: Examiner: Group Art Unit | | | | | | | |
| | Applicant requests FIG to be published with the application. | | | | | | |
| | Enclosures: Specification (pages 1-13); claims (pages 14-20); abstract (page 21) 6 sheet(s) of FORMAL drawings Unsigned Combined Declaration and Power of Attorney Newly executed (original or copy) Copy from a prior application (37 CFR 1.63(d)) Incorporation by ReferenceThe entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the | | | | | | |

disclosure of the accompanying application and is hereby incorporated by reference therein.

Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)

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| For | Number Filed | Number Extra | Rate | Basic Fee \$740.00 |
|------------------------------|-----------------|-----------------|-----------|-----------------------|
| Total Claims | 30-20 | 10 | x \$ 18 = | \$180.00 |
| Independent Claims | 6-3 | 3 | x \$ 84 = | \$252.00 |
| Multiple Dependent Claim Fee | | | x \$280 = | \$0.00 |
| TOTAL FILING FEE | | | | \$1172.00 |



Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

James H Harris Reg. No. 40,013

MARGER JOHNSON & McCOLLOM, P.C. 1030 SW MORRISON STREET PORTLAND, OREGON 97205 (503) 222-3613